

DEPARTMENT OF SOCIAL SERVICES  
744 P Street, Sacramento, California 95814

June 2, 1995

TO: ALL COUNTY WELFARE DIRECTORS

ALL-COUNTY LETTER NO. 95-23

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REASON FOR THIS TRANSMITTAL

- ☐ State Law Change
  - ☐ Federal Law or Regulation Change
  - ☒ Court Order
  - ☐ Clarification Requested by One or More Counties
  - ☐ Initiated by CDSS
- 

SUBJECT: Implementation of the Edwards v. Carlson U.S. Supreme Court decision.

References: ACL 92-49, ACL 92-64, ACIN I-34-92, MPP 82-824.13

**Background**

On March 22, 1995, the U.S. Supreme Court issued a decision in the Edwards v. Carlson Court case. This decision overturned the lower court's decision which had prohibited the California Department of Social Services (CDSS) from combining an entire household into a single assistance unit when there is one caretaker relative. The policy of combining these households had been in effect until May 1992.

**Regulations**

Attached is a copy of the draft regulations which will be filed on or before July 21, 1995 and will have an effective date of August 1, 1995. Counties are to use them to plan and prepare for the August 1, implementation date. Counties will receive an adopted copy of the regulations approved by the State Office of Administrative Law as soon as they are available. If you have any questions about the draft regulations, please call Ms. Joelyn Walters at (916) 654-1803.

**Instructions**

The purpose of this letter is to reinstate the policy of combining these non-sibling assistance units when there is only one caretaker relative. Upon receipt of this letter counties will prepare to implement and recombine these cases effective August 1, 1995. New cases making applications will not be combined until August 1. It is because the new regulations will not be effective until August 1, 1995, that counties are not to combine cases prior to that date.

Cases which are not combined until after August 1, 1995, will be assessed an administrative overpayment for any excess grant received as a result of the failure to combine the cases.

#### Case Action Documentation

To analyze the impact of the implementation of the Edwards decision on relative placement cases, CDSS is planning to track the case movement. To assist in this endeavor, we are requesting that counties maintain a list of each child's name, case name and number after taking the Edwards action, and the child's social security number.

#### Food Stamps

For Food Stamp Program purposes, household composition is unaffected by this change. Such cases will remain as one household, and the likely result will be an increase in benefits due to the corresponding decrease in the AFDC grant.

#### NOAs

Attached are the Notices of Action (NOAs) which are to be used to combine the cases. If you have any questions about the NOAs, please call Mr. Lloyd Shaw at (916) 654-1059. Translations of the NOAs will follow shortly under a separate cover letter.

If you have any questions about this policy change, please call Ms. Julie Lopes at (916) 654-1786. If you have any questions about the court case or the documentation requirements please call Mr. Vincent Toolan at (916) 654-1808.

Sincerely,



Bruce Wagstaff  
Acting Deputy Director  
Welfare Programs Division

Amend Section 82-824.1 to read:

82-824 ASSISTANCE UNITS THAT SHALL BE COMBINED

82-824

- .1 Combining AUs Two or more AUs in the same home shall be combined into one AU when:
  - .11 Marriage A caretaker relative is married to another caretaker relative in another AU, or
  - .12 Child in Common Two caretaker relatives in the home have separate children and also have an eligible child in common/, or
  - .13 One Caretaker Relative ~~Repealed by Manual Letter No/ PAS-92-08/ effective 11/1/92/~~  
There is only one caretaker relative.

[Previous Cite: 44-205.3]

Authority Cited: Sections 10553, 10554, and 10604, Welfare and Institutions Code.

Reference: 45 CFR 206.10(a)(1); 45 CFR 233.90; 45 CFR 237.50(b)(5); SSA-AT-86-01; Section 242, California Civil Code; and Edwards v. Healy, Civ. S. 91-1473 DFL (1992); Sections 10553, 10554, 10604, 11000, and 11450, Welfare and Institutions Code.

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of \_\_\_\_\_ the County is stopping your cash aid.

## HERE'S WHY:

A court order says that if there is only one caretaker relative the household will be treated as one assistance unit (AU).

You have more than one AU so one or more children will have their separate cash aid stopped. These children will be added to your other AU to get cash aid. These are children you are not required to support but they live with your family.

A court order says the county can do this.

You will get another notice to tell you about adding these children to your other AU.

## Monthly Cash Aid Amount

### Section A. Countable Income, Month of \_\_\_\_\_

Total Earned Income..... \$ \_\_\_\_\_  
Work Expense Disregard..... - \_\_\_\_\_  
\$30 and 1/3 Disregard ..... - \_\_\_\_\_  
Dependent Care Disregard..... - \_\_\_\_\_  
Other Countable Income -- Sources: \_\_\_\_\_ + \_\_\_\_\_  
\_\_\_\_\_ + \_\_\_\_\_  
Court Ordered Support You Paid..... - \_\_\_\_\_  
**Net Countable Income**..... = \_\_\_\_\_

### Section B. Your Cash Aid, Month of \_\_\_\_\_

1. Basic Need, \_\_\_\_\_ Persons..... \$ \_\_\_\_\_  
2. Special Needs ..... + \_\_\_\_\_  
3. Net Countable Income from Section A..... - \_\_\_\_\_  
4. Basic Need Subtotal..... =   
  
5. Maximum Aid, \_\_\_\_\_ Persons ..... \$ \_\_\_\_\_  
6. Special Needs ..... + \_\_\_\_\_  
7. Maximum Aid Subtotal ..... =   
8. **Full Month Aid Subtotal**  
(Lower Amount on Line 4 or 7) ..... = \_\_\_\_\_  
9. Line 8 Prorated for Part of Month ..... = \_\_\_\_\_  
10. Adjustments: Collect Overpayment ..... - \_\_\_\_\_  
10a. Cal-Learn Penalty ..... - \_\_\_\_\_  
10b. Cal-Learn Bonus ..... + \_\_\_\_\_  
11. **Monthly Cash Aid Amount**  
(Line 8 or 9 Adjusted) ..... = \_\_\_\_\_

**Medi-Cal:** This Notice of Action does NOT change or stop Medi-Cal benefits. **Keep your plastic Benefits Identification Card(s).**

**Rules:** These rules apply. You may review them at your welfare office: MPP 82-824.13, Edwards v. Carlson.

## HOW TO ASK FOR A STATE HEARING

**The best way to ask for a hearing is to fill out this page. Make a copy of the front and back for your records. Then, send or take this page to:**

- You only have 90 days to ask for a hearing. The 90 days started the day after we gave or mailed you this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

Your worker will get you a copy of this page if you ask. Another way to ask for a hearing is to call 1-800-952-5253. If you are deaf and use TDD, call: 1-800-952-8349.

You must ask for a hearing before the action takes place.

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- Your Transitional Child Care (TCC) will stay the same until the hearing or the end of your eligibility period, whichever is earlier. **For all other child care programs, your benefits will NOT stay the same until your hearing.**
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

I want a hearing because of an action by the Welfare Department  
of \_\_\_\_\_ County about my

- ☐ Cash Aid    ☐ Food Stamps    ☐ Medi-Cal    ☐ Child Care  
☐ Other (list) \_\_\_\_\_

**Here's why:**

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

- ☐
- Cash Aid
- ☐
- Food Stamps

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free: 1-800-952-5253

If you are deaf and use TDD, call: 1-800-952-8349

You may get free legal help at your local legal aid office or welfare rights group.

**Child and/or Medical Support:** The District Attorney's office will help you collect support even if you are not on cash aid. There is no cost for this help. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you any current support money collected. They will keep past due money collected that is owed to the county.

**Family Planning:** Your welfare office will give you information when you ask for it.

**Hearing File:** If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950).

## HEARING REQUEST

I want a hearing because of an action by the Welfare Department  
of \_\_\_\_\_ County about my

- ☐ Cash Aid    ☐ Food Stamps    ☐ Medi-Cal    ☐ Child Care  
☐ Other (list) \_\_\_\_\_

**Here's why:**

- ☐ Check here and add a page if you need more space.
- ☐ I want the person named below to represent me at this hearing.  
I give my permission for this person to see my records or come  
to the hearing for me.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

- ☐ I need a free interpreter.  
My language or dialect is: \_\_\_\_\_

My name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

My case number: \_\_\_\_\_

My signature: \_\_\_\_\_

Date: \_\_\_\_\_

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(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of \_\_\_\_\_ the County is changing your cash aid from \_\_\_\_\_ to \_\_\_\_\_.

## HERE'S WHY:

We have approved cash aid for \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

Your new cash aid amount is figured on this notice.

## Monthly Cash Aid Amount

### Section A. Countable Income, Month of \_\_\_\_\_

Total Earned Income..... \$ \_\_\_\_\_  
Work Expense Disregard..... - \_\_\_\_\_  
\$30 and 1/3 Disregard..... - \_\_\_\_\_  
Dependent Care Disregard..... - \_\_\_\_\_  
Other Countable Income -- Sources:

\_\_\_\_\_ + \_\_\_\_\_  
\_\_\_\_\_ + \_\_\_\_\_  
Court Ordered Support You Paid..... - \_\_\_\_\_  
**Net Countable Income**..... = \_\_\_\_\_

### Section B. Your Cash Aid, Month of \_\_\_\_\_

1. Basic Need, \_\_\_\_\_ Persons..... \$ \_\_\_\_\_  
2. Special Needs..... + \_\_\_\_\_  
3. Net Countable Income from Section A..... - \_\_\_\_\_  
4. Basic Need Subtotal..... =

5. Maximum Aid, \_\_\_\_\_ Persons..... \$ \_\_\_\_\_  
6. Special Needs..... + \_\_\_\_\_  
7. Maximum Aid Subtotal..... =

8. **Full Month Aid Subtotal**  
(Lower Amount on Line 4 or 7)..... = \_\_\_\_\_

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## YOUR HEARING RIGHTS

### To Ask For a State Hearing

- You only have 90 days to ask for a hearing. The 90 days started the day after we gave or mailed you this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

### To Keep Your Same Benefits While You Wait For a Hearing

You must ask for a hearing before the action takes place.

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- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
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- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

### To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

☐ Cash Aid ☐ Food Stamps

### To Get Help

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Call toll free: 1-800-952-5253

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### Other Information

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☐ Other (list) \_\_\_\_\_

Here's why: \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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☐ I need a free interpreter.  
My language or dialect is: \_\_\_\_\_

My name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

My case number: \_\_\_\_\_

My signature: \_\_\_\_\_

Date: \_\_\_\_\_